

**WIA Title 1 Adult, Dislocated Worker and Special Response
Participant Record Review Guide
Program Year 2005**

Participant Name _____

ASSET PIN # _____

Service Provider _____

DWS Staff Reviewer _____ Date of Review _____

1. General Eligibility (Participant file must contain documentation)

- a. Age 18+ ☐ yes ☐ no ☐ N/A (dislocated workers)
- b. Eligible to Work in US ☐ yes ☐ no
- c. Selective Service ☐ yes ☐ no ☐ N/A

2. Dislocated Worker/Special Response Eligibility

- a. State Enrollment Requirements ☐ yes ☐ no
- b. Federal Enrollment Requirements ☐ yes ☐ no
- c. Special Response Grant ☐ yes ☐ no ☐ N/A
SR Grant # _____ Company _____

If answer is "no" to any eligibility question, explain.

3. Summary of Program Participation

	WIA	DW/SR	TAA
Date of registration			
Date of first service			
Date of exit			

Review Manage Services screens in ASSET:

- a. Are any services duplicated across programs? ☐ yes ☐ no ☐ N/A

b. Are appropriate services provided by each program? ☐ yes ☐ no ☐ N/A

c. Are services properly coordinated? ☐ yes ☐ no ☐ N/A

Comments

4. Services and Services Documentation

a. Assessment

Is documentation of assessments in the case file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the assessment results reported in ASSET?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What areas were included in the assessment? Note in grid below. Is the assessment sufficiently comprehensive to support the development of an Individual Employment Plan (IEP) and the need for services (as included in the IEP and funded by WIA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If participant is dual-enrolled, assessments are non-duplicative?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments	

Element	Assessed	Method/Program
Work History	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Basic Skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupational Skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interests	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Aptitudes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Aptitudes and Interests for NTO	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Barriers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Financial Resources and Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supportive Service Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		
Comments		

b. Individual Employment Plan (IEP)

An IEP been jointly developed, agreed to, and signed by the case manager and participant.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The IEP includes an employment goal.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The IEP reflects the results of assessments.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Services that have been provided to the participant are in the IEP.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If participant is dual-enrolled, there is a single IEP.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If each program has an IEP, the IEPs outline a similar plan of service for the participant.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
There is evidence that the IEP is periodically reviewed and updated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is evidence that any barriers identified are addressed through referral to other services if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: _____

c. Training Services

The IEP contains an employment goal.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The training selected is necessary to meet the employment goal.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The participant is on track to complete the training. If not, the case manager is addressing the problem.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participant has been determined to meet the local area's criteria (if applicable) for receiving training services (including high-growth/high-demand occupations).	<input type="checkbox"/> Yes <input type="checkbox"/> No
The participant does not have any barriers (legal, personal, health, etc). that will prevent successful completion or related employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participant has selected a program of training directly linked to the employment opportunities in the local area or another area in which the individual is willing to relocate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participant has been determined to be unable to obtain grant assistance from other sources to pay the cost of training or requires WIA assistance in addition to other grant sources.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, the participant's program of training was selected from the list of eligible providers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If dual-enrolled, training services are appropriately coordinated across programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If the participant has completed the training, job search or other job development services have been provided to assist the participant in finding employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
For participants in OJT or customized training there is a training plan and a worksite agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Comments: _____

c. Supportive Services

1. What supportive services have been provided? _____

2. Are types of supportive service consistent with local WIA policy?
☐ Yes ☐ No
Comments _____

3. If dual-enrolled, is there appropriate provision of supportive services? ☐ Yes ☐ No ☐ N/A
Comments _____

5. **Case Notes**

- a. Are case notes entered on a regular basis? ☐ Yes ☐ No
Comments _____

- b. Are case notes comprehensive? (i.e., document participant contacts, events, services, progress in completing services, changes occurring in planned services, involvement in non-WIA services, etc.) ☐ Yes ☐ No
Comments _____

6. **Program Exit**

- a. If dual-enrolled, is there evidence that program exit was coordinated? ☐ Yes ☐ No
☐ N/A
Comments _____

b. Reason for Exit: _____

	Y	N
Was this participant exited under one of the universal exclusions (Manage Program Exits screen in ASSET)?		
• Incarcerated/ Institutionalized		
• Health/ Medical reasons of the participant		
• Deceased		
• Military Reservist Called to Active Duty		
• Family Care (<i>only allowed for exits occurring on April 1, 2004 or after</i>)		
Is there appropriate documentation in the file to support the exclusion?		

Comments/ list type of documentation: _____

7. **Follow-Up**

- a. Are follow-up services provided to the participant documented on the ASSET Follow-Up Services screen? ☐ Yes ☐ No
- b. If follow-up services are not reported in ASSET Follow-Up Services screen, is follow-up activity reported in case notes? ☐ Yes ☐ No

c. What follow-up services have been provided? _____

- d. Are types of service and duration of follow-up activities consistent with local WIA policy?
☐ Yes ☐ No

Comments _____

- e. For dual-enrolled participants, is there evidence that follow-up services are coordinated?
☐ Yes ☐ No ☐ N/A

Comments _____

Required Case Documents

Document Present	Yes	No	NA	Comments
Eligibility Documentation				
WIA Registration Form/Local Application				
Participant Rights/Complaints				
Release of Info Authorization (Signed, clearly indicates info to be released, to whom, and effective dates)				
NTO Orientation				
Assessment				
Individual Employment Plan (IEP)				
Pell/Financial Aid				
ITA Voucher				
OJT Agreement – Training Plan & Worksite Agreement				
Proof of Credential/Certification				
Exit/Outcome Information				
Case Notes				
Follow-Up Services				

Participant Name/PIN _____

SUMMARY. Summarize any issues noted for this case file or in ASSET.